

Long-term Disability Coverage and Rates

July 2020 LTD Renewal

The following rates shall apply from July 1, 2020 to June 30, 2021

Rating Renewal July
Suffix # 174

BENEFIT SCHEDULE

Class	Class Name	Probationary Period	Benefit Percentage	Maximum Monthly Benefit	Elimination Period
1	All Eligible Employees	0M	60%	\$6,000	90 days

CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

Class	Class Name	Contributory Y/N	Participation
1	All Eligible Employees	N	100%

RATE

Per \$100 of Covered Monthly Payroll	\$0.28
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Monthly rates and continued Member Group coverage are subject to applicable minimum participation requirements including, without limitation: 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N. Other requirements may apply.

MAXIMUM BENEFIT PERIOD

Age at Disablement	Benefit Duration*
59 or younger	To age 65
60	5 years
61	4 years
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 and over	1 year
*To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.	

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

Evidence of Insurability needed for all late enrollees (contributory groups only).